

ATTACHMENT 1

Dental procedure code conversion chart for free-standing ambulatory surgery center services

The following table lists the nationally recognized procedure codes that providers will be required to use in lieu of local dental codes when submitting claims for free-standing ambulatory surgery center services. A future *Wisconsin Medicaid and BadgerCare Update* will notify providers of the specific effective dates for Wisconsin Medicaid's implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

| Before HIPAA implementation | | After HIPAA implementation | |
|-----------------------------|---|----------------------------|--|
| Local procedure code | Local procedure code description | HCPCS* procedure code | HCPCS* procedure code description |
| W7060 | Periodic oral exam (additional) — HealthCheck Other Services | D0999 | Unspecified diagnostic procedure, by report |
| W7062 | Single unit crown — HealthCheck Other Services | D2999 | Unspecified restorative procedure, by report |
| W7063 | Non-surgical procedure — HealthCheck Other Services | D9999 | Unspecified adjunctive procedure, by report |
| W7064 | Surgical procedure — HealthCheck Other Services | D4999 | Unspecified periodontal procedure, by report |
| W7116 | Open tooth for drainage | D9110 | Palliative (emergency) treatment of dental pain — minor procedure |
| W7118 | Treat periodontal abscess | | |
| W7130 | TMJ office visit | D0140 | Limited oral evaluation — problem focused |
| W7310** | Fixed prosthodontic retainer | D6751 | Crown — porcelain fused to predominantly base metal |
| | | D6791 | Crown — full cast predominantly base metal |
| W7320** | Fixed prosthodontic pontic | D6211 | Pontic — cast predominantly base metal |
| | | D6241 | Pontic — porcelain fused to predominantly base metal |
| W7910 | Examination, models, consultation — orthodontic | D8660 | Pre-orthodontic treatment visit |
| W7920** | Initial orthodontic treatment — banding service | D8010 | Limited orthodontic treatment of the primary dentition |
| | | D8020 | Limited orthodontic treatment of the transitional dentition |
| | | D8030 | Limited orthodontic treatment of the adolescent dentition |
| | | D8040 | Limited orthodontic treatment of the adult dentition |
| | | D8050 | Interceptive orthodontic treatment of the primary dentition |
| | | D8060 | Interceptive orthodontic treatment of the transitional dentition |
| | | D8070 | Comprehensive orthodontic treatment of the transitional dentition |
| | | D8080 | Comprehensive orthodontic treatment of the adolescent dentition |
| W7996 | Follow-up consultation, TMJ (TMJ multidisciplinary evaluation program use only) | D0170 | Re-evaluation — limited, problem focused (established patient; not post-operative visit) |
| | | | |
| W7998 | TMJ assistant surgeon | D7899 | Unspecified TMD therapy, by report |

* HCPCS = Healthcare Common Procedure Coding System.

** Providers should choose the most appropriate HCPCS procedure code for local codes replaced by multiple procedure codes.